



Lynchburg Sheriff's Office

907 Clay Street
Lynchburg, Virginia 24504
www.lyncburgva.gov/sheriffsoffice

Donald T. Sloan
Sheriff

Thomas G. Carter
Chief Deputy



REPORT OF COMPLAINT AGAINST SHERIFF'S PERSONNEL

Complainant contact Information:

Name: _____

Complete Address (required): _____ City/State/Zip _____

Phone (residence, work, cell): _____

Incident Information:

Date of incident: _____ Time: _____ Location (be specific): _____

Name of deputy(s) or employee(s) against whom complaint is being filed:

Name: _____ Rank: _____ Badge: _____

Any identifying information: _____

Vehicle information:

Make/Model: _____ Vehicle color _____ License tag _____

Other identifying features: _____

Witness(s) – Be sure to include complete contact information:

1. _____

2. _____

3. _____

Statement of allegation:

(If further space is needed use reverse side of sheet)

I understand that this statement of complaint, once submitted to the Lynchburg Sheriff's Office, may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are completely accurate, and true, to the best of my knowledge and belief. Further, I declare and affirm that the statement(s) in this complaint have been freely and voluntarily made without any persuasion, coercion, or promise of any kind. By signing and filing this complaint, I hereby agree to appear as needed to address and or clarify any portion of the subject matter covered in this complaint. I understand that my testimony given will be done so under oath.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date and Time Received